



THE RUDDER

Sailings of the Medical Service Corps



Volume 7, Issue 5

May 2019

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FROM THE MSC DIRECTOR



Greetings MSCs,

I was at a Flag Mess meeting recently, in which the Surgeon General, VADM Faison relayed something that he had seen on his commute: "change is inevitable, growth is optional." That comment inspired me to discuss the transformation of Navy Medicine to the Navy Medicine Readiness Training Command (NMRTC) construct. It is our future, but I also believe it has been our past. His comment resonated with me, as I do see the transformation as growth for both Navy Medicine and the Military Health System. It is incumbent that we, as leaders, look for opportunities to improve our care delivery. As military medicine evolves, we are at a historic change point that must be leveraged for optimization, modernity and improved quality.

Navy Medicine has historically balanced serving the needs of both active duty service members and beneficiaries. In May, we stood up the first separate service readiness model at NMRTC Bethesda, now commanded by CAPT Jay Woelkers, MSC, USN; a significant shift in our history. Last October, we stood up NMRTC Jacksonville, commanded by CAPT Matt Case, MSC, USN. The difference between the two Commanding Officers, is that CAPT Case serves as both the CO of the NMRTC, as well as the Director of the Naval Hospital under the authority, direction and control of the Defense Health Agency.

As of today, the NMRTC will be entirely focused on the readiness mission. We will become more agile and responsive to the specific needs of active duty personnel, as well as better focused on

our ability to rapidly deploy when needed. This means our military staff will have improved opportunities to obtain and maintain clinical relevance, along with developing capabilities and expertise required in operational settings. Our line commanders will continue to know, with confidence, that their Force's individual medical readiness will enable their ability to answer the call.



While we will continue to provide beneficiary care in partnership with our Defense Health Agency colleagues, the NMRTC will focus on the readiness responsibilities of the Service and provide a mechanism to facilitate the generation of a ready medical force and a medically ready force. I continue to be proud of the Medical Service Corps and all its contributions to the mission, especially during this time of enormous change. Change is hard and can cause stagnation -- I ask that each of you continue to lead during this time of change and more importantly continue to grow!

#18

Newsletter Spotlight

MSC HITs graduate from the Army's Medical Information Management Course. More on page 7!

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FROM THE CORPS CHIEFS OFFICE
BRAVO ZULU TO THE FY20 CDR
SELECTIONS



| | |
|------------------------|------------------------|
| Aldana Alexander | Anderson Jacqueline R |
| Auth Hak | Behil Matthew Joseph |
| Brenner Danyell Lynn | Bullman Clinton Wade |
| Bustamante Sara Marie | Cardenal Raul Ernesto |
| Cascardo Neil Douglas | Clifford Heath M |
| Dagher Kathleen Ruth | Decker Suzanne Mara |
| Deguzman Vince Edwards | Delzer Jeffrey Alan |
| Domery Michael Edward | Doolittle Corey Nathan |
| Duff Jason Michael | Ecklund Christofer J |
| Gardner John J III | Gire Boyce Randall |
| Grant Shannon Leigh | Green Vena Christine |
| Gribben David Brian | Griswold Cheryl A |
| Jackson Gretchen S | Jarmer Ryan F |
| Jordan Byron L | Kang Dean |
| Lester Bradley Raymond | Lingard Christopher P |
| Love Ramaud Deshaun | Macdonald Ann Morgan |
| Magel Larkin Elizabeth | Mcettrick David M |
| Mcguinness Ian T | Medina Rudy Durana |
| Monk Gregory James | Morgan Dario P |
| Mutuc Emerson Austria | Nilsson Kirt C |
| Osmond Joseph Egill | Owston Christopher L |
| Peters Jason Andrew | Phillips Jodi Marie |
| Pyle Bryan Lincoln | Rabinowitz Yaron |
| Sood Amit | Stastny Joseph Glenn |
| Sterns George Herbert | Sutherland Ian W |
| Tam Francis | Tschauner Suzanne M |
| Weber Shawn Andrew | Welsh Timothy T |
| Whitehead Richard A | Wishmeyer Robert James |

CUSTOMS AND HERITAGE

Influenza of 1918 (Spanish Flu) and the US Navy

In light of the recent anti-vax movement in the news, here is a reminder of how society drastically society was affected by the Spanish flu and the role that Navy Medicine personnel played in the epidemic. This info was published in the "Bureau of Medicine and Surgery, Circular 1."



Influenza patients - November 1918, The Office of the Historian and Navy Medicine Magazine, Bureau of Medicine and Surgery, 2300 E Street, NW, Washington, DC 20372.

We are all familiar with the tell-tale signs of the flu: sneezing, coughing, aching, and overall physical weakness. In fact, this is probably no different from what our American ancestors encountered before World War I. However, all this changed in 1918, when a particularly virulent form of influenza - the so-called Spanish Flu - appeared, causing more deaths (over 50 million) than had resulted from the entire First World War which lasted four years.

Spanish Flu victims suffered massive pneumonia and fatal pulmonary complications: they literally drowned in their own body fluids. Lungs filled with fluid and their skin became markedly discolored from the lack of oxygen.

Mysteriously, it killed more young than old. The death rate was greatest among ages 15 to 40.

Navy medical professionals were among those who were overwhelmed trying to fight this virus. Treatment was essentially non-existent. The US Navy was forced to rely on quarantine or infectious disease stations as brave doctors, hospital corpsmen, and nurses cared for the daily needs of the patients.

Navy nurse Josie Brown, who served at Naval Hospital in Great Lakes, Illinois in 1918, later described what happened there and in many hospitals around the country:

"The morgues were packed almost to the ceiling with bodies stacked one on top of another. The morticians worked day and night. You could never turn around without seeing a big red truck loaded with caskets for the train station so bodies could be sent home. We didn't have the time to treat them. We didn't take temperatures; we didn't even have time to take blood pressure.

"We would give them a little hot whisky toddy; that's about all we had time to do. They would have terrific nosebleeds with it. Sometimes the blood would just shoot across the room. You had to get out of the way or someone's nose would bleed all over you."

At medical facilities, and at naval stations throughout the world, one could read the Bureau of Medicine and Surgery "Circular 1" which said:

"For the protection of others, if you are really sick stay at home and remain there until the fever is over. A day in bed at the very beginning may also save you from serious consequences. . .

"If you are up and about, protect healthy persons from infection—don't spray others with the secretions from your nose and throat in coughing, sneezing, laughing, or talking. Cover your mouth with a handkerchief. Boil your handkerchiefs and other contaminated articles. Wash your hands frequently. Keep away from others as much as possible while you have a cough."



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FROM THE DETAILERS

Projected Rotation Date (PRD) Extension Information

For MSC Officers, PRD extension requests are submitted to PERS-4415:

- All requests should be emailed along with your Command's endorsement to the PERS-4415 email address: pers_4415_prds@navy.mil
- DO NOT include your Social Security Number (including last 4) in a PRD extension request.
- Please include a Command Point of Contact (POC). All PRD extension approvals or disapprovals from PERS-4415 will be sent to the requesting Officer and the Command POC via e-mail.

Please utilize the links below for more information. We have included a sample request letter template. Please do not hesitate to contact us if you have any questions.

MILPERSMAN 1301-104

<http://www.public.navy.mil/bupers-npc/reference/milpersman/1000/1300Assignment/Documents/1301-104.pdf>

PRD Extension Request Template:

http://www.public.navy.mil/bupers-npc/officer/Detailing/r1staffcorps/medical/documents/prd_extension_request_template.docx

Updating Record:

Officers are responsible for ensuring their record is accurate and up-to-date. Utilize link below to access officer record management brief. This guide provides instructions and points of contact (POCs) for updating your record. Detailers can only update some AQDs. Detailers do NOT have access or ability to update other sections of your record. Sending detailers anything other than AQDs will only delay record updating process. If no action/response from POCs can utilize My Navy Career Center, see below.

-Officer Record Management Guide:

<https://www.public.navy.mil/bupers-npc/officer/Pages/default2.aspx>

-MyNavy Career Center:

Phone: 1-833-330-MNCC (833-330-6622)

MyNavy Career Center Email: askmncc@navy.mil

MyNavy Portal: <https://my.navy.mil/>

Subspecialty Code Changes/Updates:

Contact MSC Planner, LT Andrea Watling, for assistance.

Phone: 703-681-5540 (DSN 761)

Email: andrea.m.watling.mil@mail.mil

RESERVE UPDATE

BY: CAPT MICHAEL J. MEDINA, MSC, USN
RESERVE AFFAIRS OFFICER, MEDICAL SERVICE CORPS

Reserve Opportunities:

For active duty who are separating, here is the opportunity to continue your Navy career. The reserve component is currently looking for the following specialties to fill billets on the Navy Reserve EMFs and FDPMUs:

Medical Data Services Administration (1803)
Microbiology (1815)
Occupational Therapy (1874)

Additionally, accession bonuses are being offered for the following critical wartime specialties:

Patient Administration (1801)
Plans, Operations, and Medical Intelligence (1805)
Medical Technology (1865)
Physician Assistant (1893)

For information on all reserve opportunities contact the MSC Reserve Affairs Officer.

Important Dates:

10 June 19 – Reserve O-4 Staff Selection Board convenes
01-31 Jul 19 - JO APPLY FY19Q4 Application Phase
13-14 Jul 19 – Junior Officer (JO) / Fleet Chief Petty Officer (CPO) Symposium, Bethesda, MD
12 Aug 19 – APPLY Board Medical Panel convenes

Reserve Resources:

Reserve MSC Milbook (link to <https://www.milsuite.mil/book/groups/navy-reserve-medical-service-corps>)

SELRES Medical Officer Community Manager Page (link to <https://www.public.navy.mil/bupers-npc/officer/communitymanagers/reserve/selres/Pages/RCMedical.aspx>)

Reserve Officer Promotion Page (link to <https://www.public.navy.mil/bupers-npc/boards/reserveofficer/Pages/default.aspx>)

Reserve Force Manpower Tools (RFMT) (link to <https://private.navyreserve.navy.mil/apps/rfmt/#/>)

My Navy Reserve Homeport (link to <https://www.mynrh.navy.mil/#/>)

SPECIALTY SPOTLIGHT

HEALTH INFORMATION TECHNOLOGY

San Antonio, TX (10 Mar – 19 Apr) – Are you ready to “fight tonight”? Readiness is about more than your physical health and making sure your weapon is locked and loaded. It’s about making sure you have the knowledge, skills, and abilities (KSAs) to get the job done no matter where the mission takes you.

To that end, Medical Service Corps 1803 subspecialty leadership worked closely with NMPDC and Army Medicine to provide our MSC Health Information Technology (HIT) Officers an opportunity to broaden their leadership skills and technical knowledge base in a joint learning environment.

LT Neville Willoughby (BUMED) and LTJG Mark Fisher (NH Bremerton) are two of Navy Medicine’s newest IM/IT Officers to complete each of the two phases of the Army Medical Information Management Course (MIMC), which is conducted by the Army Medical Department Center and School. Not only did these two outstanding officers complete both phases of this challenging course, LT Willoughby showed his killer professional and technical instincts by being named the honor graduate.



Phase 1 is a 185-hour distance learning program that provides basic and advanced training to prepare our 1803 officers for future assignments as an MTF, Expeditionary Medical Facility (EMF), Hospital Ship or NATO Role III Chief Information Officer (CIO). HIT managers have a wide range of responsibilities and this course ensures their readiness by instilling foundational knowledge in computer networking, Windows 10, Windows Server 2008 R2, information security, acquisition, and information resource management. These baseline skills provide the

tools our 1803 community needs to successfully perform the duties as a CIO in the full spectrum of garrison or deployed environments.

Phase 2 is a six-week resident course held at Fort Sam Houston that focuses on practical training in medical information management, business process reengineering, Lean Six Sigma, information resource management, Information Technology Infrastructure Library (ITIL), information assurance, networking using Cisco routers and switches, Army Combat Service Support Automated Information Systems Interface (CAISI) and Very Small Aperture Terminal (VSAT) Satellites. Additionally, students have the opportunity to earn ITIL certification during the course by challenging the exam, which demonstrates an IM/IT professional’s ability to identify, plan, and support the IT services in a business, resulting in increased productivity, efficiency, and effectiveness. In other words, it shows the finely honed and lethal IM/IT skills of our HIT Officers.

This partnership with Army Medical Department Center and School, along with other advanced, Navy-specific training programs, directly support the essential Knowledge, Skills and Abilities (KSA) that our Navy Medical Service Corps Officers in the 1803 community need to be ‘ready to fight tonight’.



Fort Sam Houston, TX—IM/IT (1803) MSC Officers LT Neville Willoughby and LTJG Mark Fisher at Camp Bullis, learning how to configure and deploy CAISI and VSAT Satellites for in-theater communications

MSCS IN FOCUS



Guantanamo Bay, CU- CDR Glenn Buni (left) relieving CDR Jeff Dial (right) as Joint Medical Group Operations OIC at JTF-Guantanamo, Cuba.



Quantico, VA Left to right: Mr. Jesse Simmons, LT Katherine Kline, CAPT Arlene Saitzyk. On 9 May 2019 LT Katherine Kline was presented with the inaugural CDR Erin M. Simmons Award.



Washington, DC- the Henry M. Jackson Foundation honored Cmdr. Erin M. Simmons as she posthumously received the 2019 Navy Hero of Military Medicine Award at the Heroes of Military Medicine Awards dinner May 9, 2019. Left to right: LT Jessica Bland, Mr. Jesse Simmons, CDR Melissa Lauby, Mr. Allen Eudell, and CDR Leah Geislinger.



Guantanamo Bay, CU- MSC Officers from Naval Hospital Guantanamo Bay and JTF-GB pose with RDML Swap. (L to R) First Row- LT Angel Camacho, HCA; ENS Elizabeth Abimbola, HCA; LT Vanessa Lee, Social Worker; LTJG Ara Gutierrez, Lab Technologist; LTJG Jacinta Do, HCA; LT Chris Wooden, IH; LCDR Jone Tillman, Pharmacist; LT Abby Funk, PA; CDR Darla Dietrich, HCA; RDML Anne Swap, HCA. Back Row- LTJG Jonathan Stawicki, EHO; LT Mark Debano, Optometrist; LT Donald Skelton, HCA; LT Roberto Collazo, HCA; LT Richard Young, HCA; CDR Jeffrey Dial, HCA; LT Ato Anderson, HCA; CDR Glenn Buni, HCA; LT Sebastian Garcia, Pharmacist.

MSCS IN FOCUS



Arabian Gulf—Onboard USS KEARSARGE (LHD-3) while on Deployment: (L-R) LT Justin Becker (22 MEU Medical Planner-HCA), LT Julio Menendez (CPR6 Medical Planner/MRCO-HCA), LT Sipriano Marte (USS Kearsarge MAO-HCA).



Arabian Gulf—Onboard USS KEARSARGE (LHD-3) while on Deployment: Ship's Medical Force, Fleet Surgical Team TWO, and 22 MEU Medical Force.

MSCS IN FOCUS



Himalayan Mountains—LT Worthington PA-C, Team Porter Teka, Team Guide Ram, and LCDR Milstein PA-C (left to right) stop for a break on their hike to Gokyo Ri during an 8 day trek.

Mount Everest (directly below the sun) rises 8848 meters above sea level, the peak to the right of Everest is the 4th tallest peak in the world, named Lhotse, rising 8516 meters above sea level.

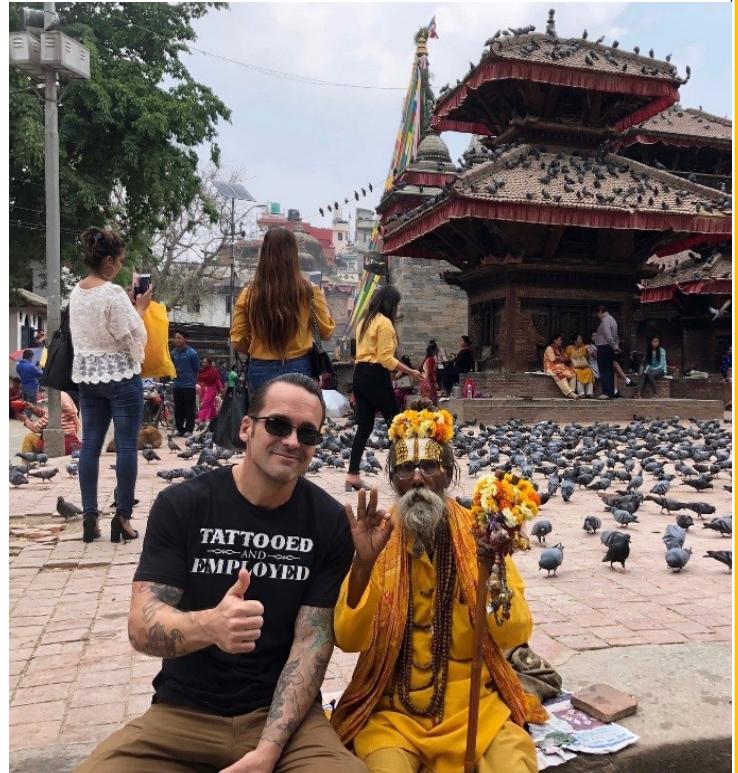


Himalayan Mountains—LCDR Matt Milstein and LT Bill Worthington stop for a brief rest while hiking the mountains. Prayer Flags can be seen in the background and are a symbol of peace, compassion, strength and wis-

MSCS IN FOCUS



Kathmandu, Nepal—LCDR Matt Milstein PA-C, MSC in Durbar Square.



Kathmandu, Nepal—LT Bill Worthington PA-C, MSC in Durbar Square.



Yak are the primary pack animals used to transport goods and material in the Himalayas.



Prayer Flags can be found across the Himalayas. These are atop Gokyo Ri at 17600 feet above sea level. Mount Everest is the tallest peak in the background.

March 2019 Crossword Puzzle

WINNER: LT Richard E. Thatcher, MSC, USN

Down

1. A version of the Union Jack flew in harbors around the world as the _____ circumnavigated the globe. (Hint: No spaces)

2. The Union Jack is a flag consisting of _____ white stars, on a blue background.

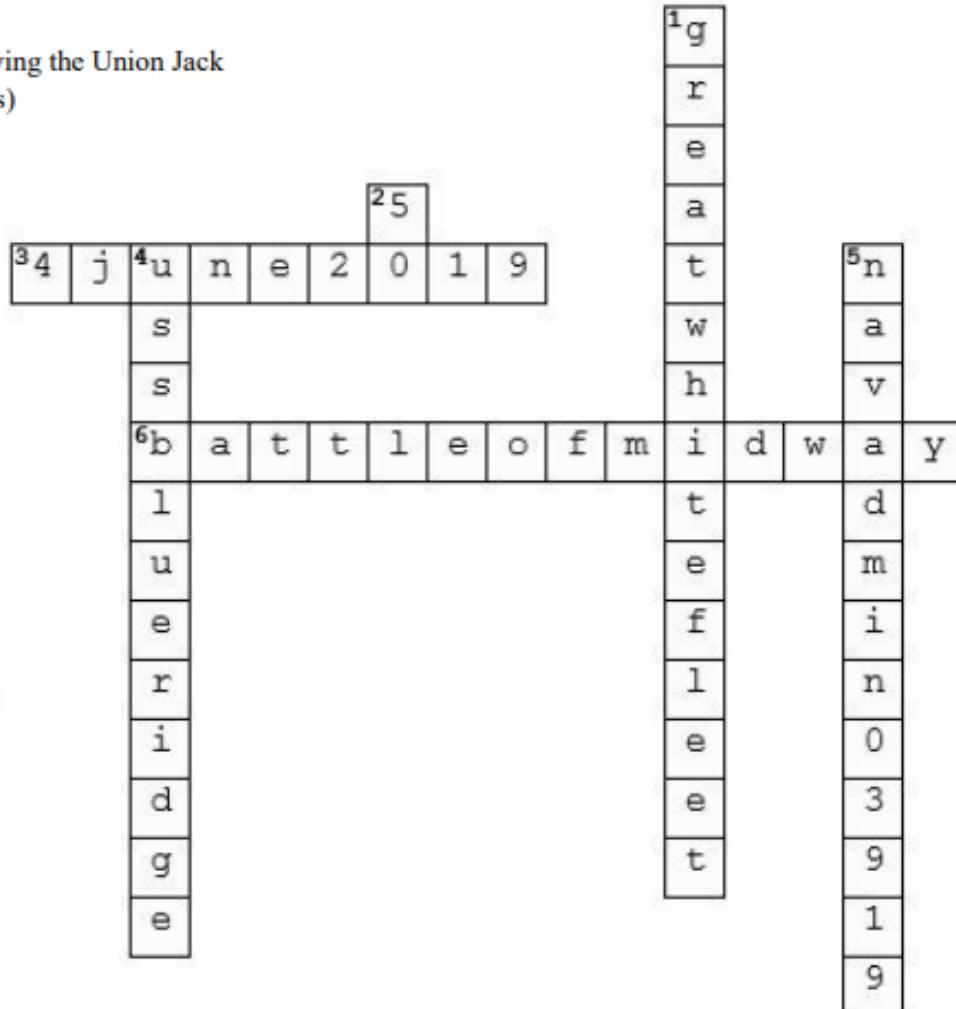
4. As of 4 June 2019, the only warship authorized to fly the First Navy Jack is _____. (Hint: No spaces)

5. NPC Message, Return to Flying the Union Jack
(Hint: No spaces and or symbols)

Across

3. All U.S. Navy ships shall display the Union Jack IAW with section 1259 of reference (a) beginning at morning colors on _____. (Hint: No spaces)

6. The date for reintroduction of the Union Jack commemorates the greatest naval battle in history: _____. (Hint: No spaces)



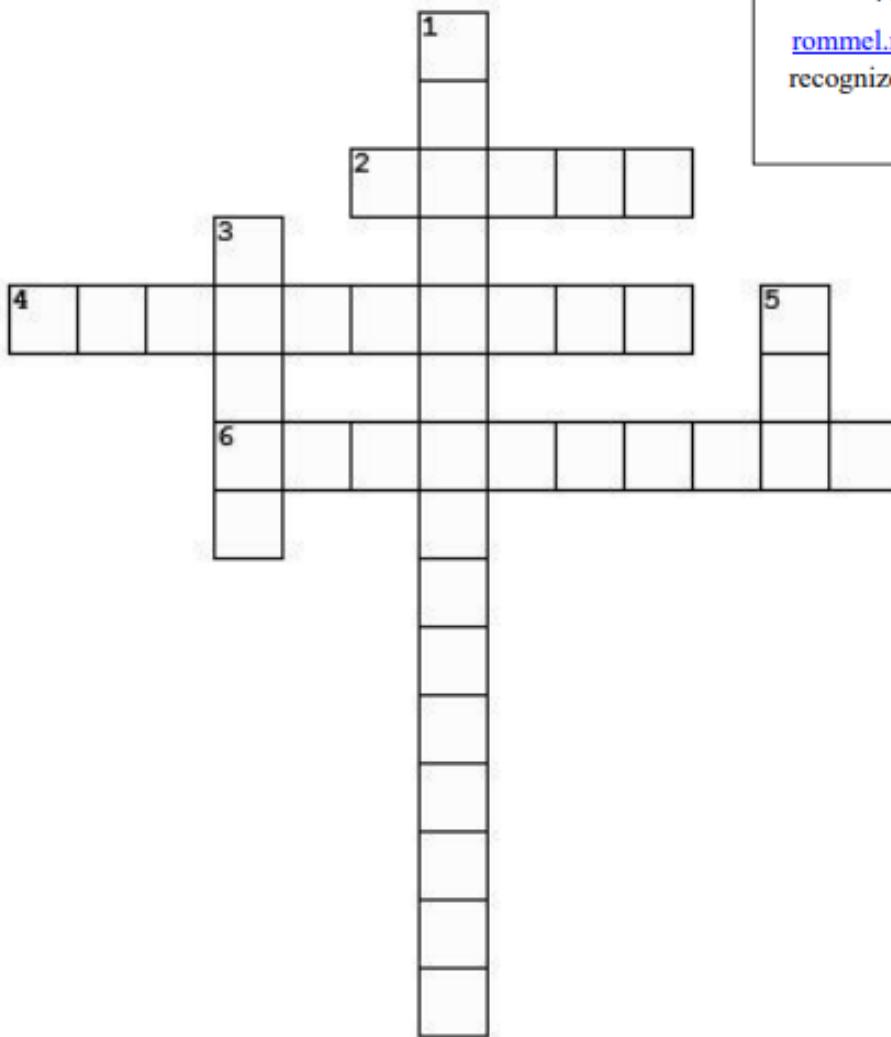
April 2019 Crossword Puzzle

By: LT Rommel R. Rabulan

Answers do not contain punctuations, symbols, or spaces

Across:

2. A partnership between Uniformed Services University of the Health Sciences (USU) and the Armed Services to provide an opportunity for highly-motivated, academically promising, enlisted Service members to obtain a medical degree. (Hint: abbreviated)
4. Students will remain on _____ for the duration of the program. (Hint: does not contain spaces)
6. Is a _____ month advanced educational program. (Hint: spelled out, does not contain symbols or spaces)



Down:

1. Governing instruction regarding program (Hint: abbreviated, does not contain punctuations or spaces)
3. Selectees must obligate service for _____ months from the convening date of the program. (Hint: spelled out)
5. _____ will define and fund tuition and associated academic costs. (Hint: abbreviated)

***Scan and email your answers to
rommel.r.rabulan@navy.mil. The winner will be
recognized on the next edition of The Rudder.***



U.S. NAVY MEDICAL SERVICE CORPS

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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MANY SPECIALTIES - ONE CORPS!

